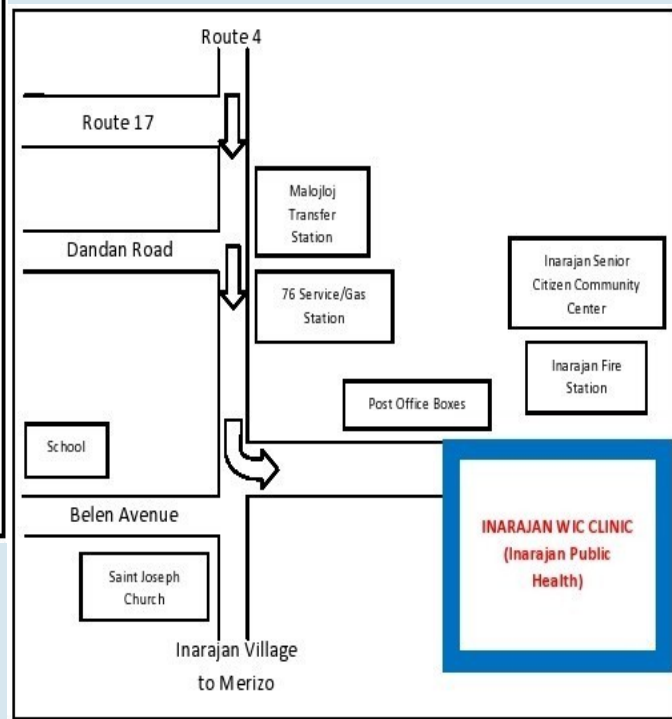
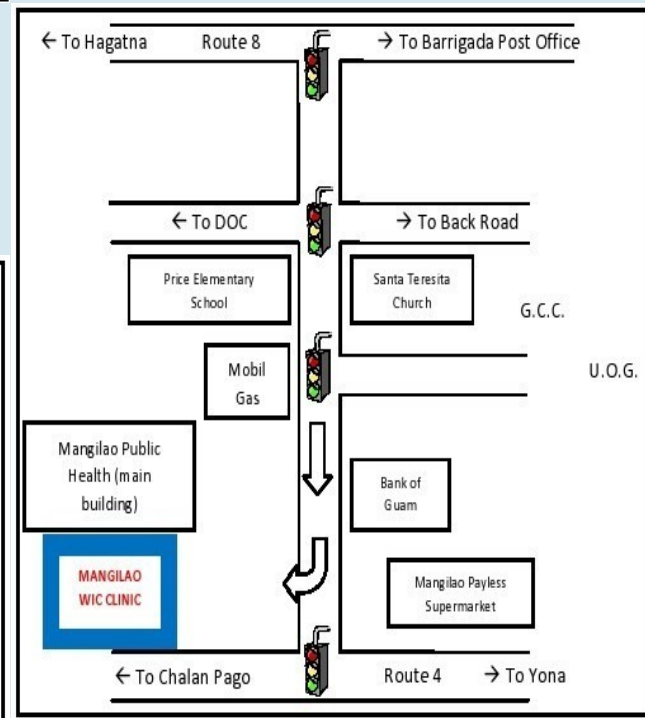
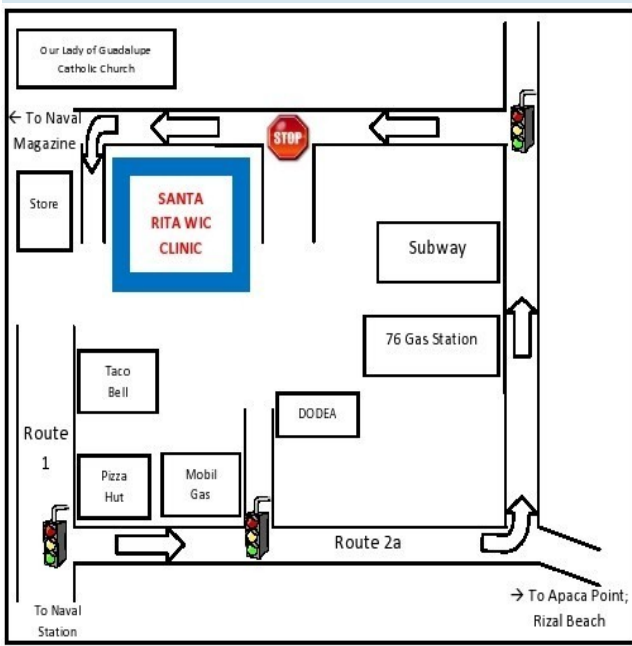
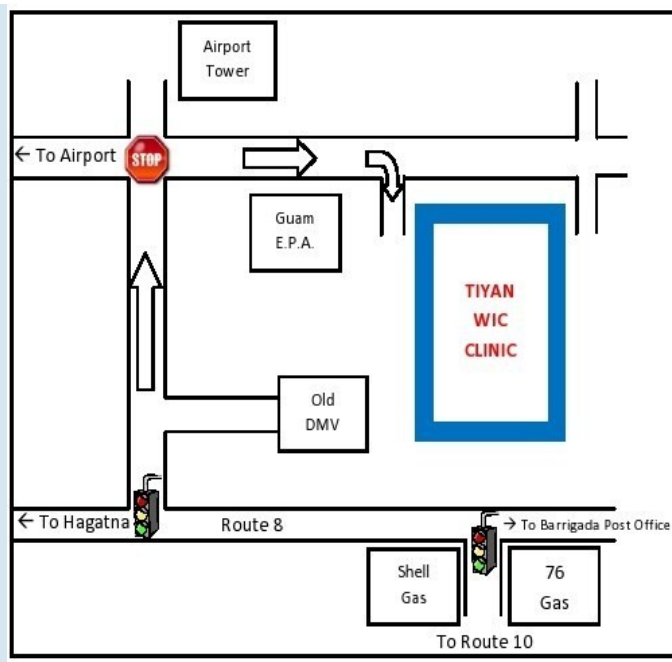


WIC Clinic Locations



WIC Clinic (circle one):
Dededo • Tiyan • Mangilao • Santa Rita • Inarajan

WIC Appointment Date & Time

Family ID #

Authorized Representative's Name

WELCOME GUAM WIC PROGRAM
The Special Supplemental Nutrition Program for Women, Infants, and Children (up to 5 years old)

Helping Families Grow Healthy

(ENGLISH)



WHAT IS WIC?

The GUAM WIC PROGRAM is a special supplemental nutrition and education program for women, infants, and children (up to 5 years old).

It is a Health Promotion Program, not a welfare program. It teaches you and your family to be aware of your nutritional needs and to practice good eating habits. The Guam WIC Program helps you to be healthy during times of rapid growth. It promotes and supports breastfeeding, helps you prevent medical problems, and helps lower your health costs.



WHAT DOES WIC PROVIDE?

- Nutritional group classes.
- Personalized nutrition counseling.
- Breastfeeding information and support, including hospital and home visits, if needed.
- Food guides for feeding yourself, your infants, and your children.
- Supplemental foods, such as milk, eggs, fortified cereals, 100% fruit and vegetable juices, dry beans, peanut butter, whole wheat bread, brown rice, vegetables, and fruits.
- Infant cereal, infant vegetables, and fruits.
- Referrals to other federal and local programs.



WHO CAN APPLY?

You can apply if you are:

1. Pregnant, a new mom, or a breastfeeding woman;
2. A parent/guardian of an infant (0-11 months old);
3. A parent/guardian of a child under 5 years old.



WHAT DO YOU NEED TO BRING TO YOUR APPOINTMENT?

Bring the following to your certification or first appointment:



Most recent paycheck stubs of everyone working and/or retired in the household. Any proof of cash income, such as child support, tips, or LES document.

John Doe's Check Stub

Metro Services		27155	
po756	John Doe	123-45-6789	02/02/98
Emp. No.	Employee Name	Social Security No.	Period End
Earnings \$6.00	Hrs 80	Current Amount \$480.00	Year to Date \$1,440.00
		Deductions	Current Amount
		FICA	\$4.81
		Medicare	\$29.76
		State	\$6.96
		City	\$13.55
		County	\$4.80
		Health	\$2.40
		Disability	\$7.20
			\$213.15
			\$6.75
\$6.00	\$480.00	\$135.58	\$344.42
Pay Rate	Current Earnings	Current Deductions	Net Pay
		YTD Earnings	\$1,440.00
		YTD Deductions	\$406.74
		YTD Net Pay	\$1,033.26



Eligibility Certification for Medicaid, SNAP (formerly Food Stamp), or TANF, if applicable.

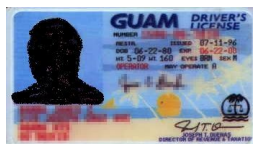


Proof of Residency. Any document with the caretaker's name and physical address.



Valid Picture I.D. of the person applying for WIC.

Valid ID Card,
Passport, or
Driver's License



Birth Certificate of children under 5 years old.

U.S. STANDARD
CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER BIRTH NUMBER

1. CHILD'S NAME (First,Middle,Last) 2. DATE OF BIRTH (Month,Day,Year) 3. TIME OF BIRTH

4. SEX 5. CITY, TOWN, OR LOCATION OF BIRTH 6. COUNTY OF BIRTH

7. PLACE OF BIRTH: ☐ Hospital ☐ Free-standing Birthing Center
☐ Child/Breast's Office ☐ Residence

8. FACILITY NAME (if not institution, give street and number)

9. I certify that this child was born alive at the place and time and on the date stated.

10. DATE SIGNED (Month,Day,Year)

11. ATTENDANT'S NAME AND TITLE (if other than certified) (Type/Print)
Name ☐ M.B. ☐ D.O. ☐ C.N.M. ☐ Other Midwife
Signature

12. CERTIFIER'S NAME AND TITLE (Type/Print)
Name ☐ M.D. ☐ D.O. ☐ Hospital Admin. ☐ C.N.M. ☐ Other Midwife
☐ Other (Specify)

13. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

14. REGISTRAR'S SIGNATURE

15. DATE FILED BY REGISTRAR (Month,Day,Year)

16a. MOTHER'S NAME (First,Middle,Last) 16b. MOTHER'S SURNAME 17. DATE OF BIRTH (Month,Day,Year)

18. BIRTHPLACE (State or Foreign Country) 19a. RESIDENCE-STATE 19b. COUNTY 19c. CITY, TOWN, OR LOCATION

19d. STREET AND NUMBER 19e. INSIDE CITY LIMITS (Yes or no) 20. MOTHER'S MAILING ADDRESS (if other than residence, enter Zip Code on

21. FATHER'S NAME (First,Middle,Last) 22. DATE OF BIRTH (Month,Day,Year) 23. BIRTHPLACE (State or Foreign Country)

24. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.
Signature of Parent or Other Informant



Bring the infant and/or child under 5 years old.



Shot record or Immunization card for each infant and/or child under 5 years old.

IMMUNIZATION RECORD
Comprobante de Inmunización

Name
Nombre

Birthdate
Fecha de nacimiento

Allergies
Alergias

Vaccine Reactions
Reacciones a cualquier vacuna

RETAIN THIS DOCUMENT CONSERVE ESTE DOCUMENTO



For legal guardians (if not natural parents), bring court documents.



WHERE CAN I APPLY?

For more information and to make an appointment, please call any of our clinics:

MANGILAO

Tel: 735-7180/1

Monday-Friday 8:00am to 6:00pm

Saturday 8:00am-12:00pm

DEDEDO

Tel: 635-7471/2

Monday-Thursday 8:00am-6:00pm

Friday 8:00am-5:00pm

Saturday 8:00am-12:00pm

TIYAN

Tel: 475-0295/6

Monday-Friday 8:00am-6:00pm

Walk-in Clinic (First Come, First Serve Basis) for New Applicants and Missed Appointments.

SANTA RITA

Tel: 565-3537

Tuesday & Thursday 8:00am-5:00pm

INARAJAN

Tel: 828-7550

Wednesdays only 9:00am-4:00pm

All locations are CLOSED every LAST FRIDAY of the month for staff training.

Department of Public Health & Social Services
15-6100 Mariner Avenue, Barrigada, Guam 96913-1601

CHECK TO SEE IF YOU MAY BE ELIGIBLE FOR WIC BENEFITS

<https://wic.fns.usda.gov/wps/pages/start.jsf>

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